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ABSTRACT

Present research on adolescent suicide prevention is based on the possibility that there is a continuum of self-destructive behaviors which develops throughout life. Through personal interviews and written questionnaires, this case study examines family perceptions of the suicidal child's behavior at different ages. Subjects were randomly chosen from 51 participants in a larger study who indicated a willingness to participate in an in-depth investigation. In this case study, four of the seven children had parents who were separated and/or divorced. The preliminary findings in social areas indicated that two of the adolescents were reported to have had many friends as they were growing up, while the others were described as being loners. Perfectionism was another trait seen throughout the lives of the suicidal adolescents. Several children also demonstrated the trait of standing up for others regardless of the consequences. The characteristics of these adolescents were examined in order to expand the knowledge about the relationship of early experiences to later coping skills. The information will be translated into possible methods that adults can use as they interact with children that will encourage the development of coping strategies effective as the frustrations, stress and losses build up during adolescence. Contains 15 references. (BF)

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Case Study of Early Personality Traits of 10 Adolescent Suicides

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Planning an effective prevention program for adolescent suicide has been a topic of concern for a number of years. So far little progress has been made in reducing the number of adolescents who kill themselves, suicide is still the second leading cause of death for the adolescent years (Capuzzi, 1988; Blumenthal & Kupfer, 1988). It is difficult to examine the developmental progress of the precursors of suicide because of the simple fact that after a suicide the major source of information, the adolescent, is no longer available. If we hope to make an impact in childrens' abilities to cope with frustration and loss, we must develop a prevention plan that is based on a continuum of learning effective coping strategies, beginning in the elementary years. Waiting to begin prevention programs in high school ignores the developmental aspect of learning. Adolescents who are unable to cope in positive ways to the events in their lives often do not come to the attention of professionals until their death because the behaviors that might be early indications of future problems are not recognized by adults as abnormal behaviors and are often viewed as "just going through a stage".

Studying adolescents who attempt suicide as being typical of all adolescent suicides may not be effective in that the majority of adolescent suicides are successful on the first attempt. Those children who are not referred for professional help have no chance to be helped in our present mode of research. We must continue to study the "typical," average adolescent (Offer, Ostrov, & Howard, 1984) and their development of coping skills during the early years in order to be able to recognize adolescents who are experiencing stress to the point that they are at heightened potential to act out stress relief in maladaptive ways.

Orbach (1988) discussed a number of models that have been used to study the causes of

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suicide by children and adolescents. From these models he developed a phenomenological model which views self destructive behavior as a multi-determined outcome of the individuals conflicting life experiences, resulting in a more negative than positive attitude about life. This process includes all aspects of the individual's life and is dependent on the type of reinforcement and interaction the child receives.

The present research is based on the basic possibility that there is a continuum of self destructive behaviors which develops throughout life. Personality patterns develop slowly during life and are affected by each experience the individual has, both positive and negative. Much of the research concerned with precipitating causes of adolescent suicide indicate that family functioning, or the dysfunctional aspect of families is often associated with youth who are unable to cope, even when there is peer interaction (Rubenstein, et al, 1989). Adolescents develop their coping strategies from the interaction of all life experiences, which are consequently the resources they have available to use when responding to the stress in their lives.

Smith (1983) talked of a theory of vulnerable personality as a way to explain suicide. As the individual becomes less able to satisfactorily revise their self image and life fantasies when faced with frustrations they become less able to deal positively with later stress. Researchers have examined this concept by looking at specific areas of coping. Werner (1986) has looked at the coping strategies of offspring of alcoholics and Spivack and Shure (1982) have looked at the development of adolescents' ability to solve interpersonal problems. These studies, as well as others, often sight the importance of traits such as positive self esteem and locus of control in successful or unsuccessful coping, but have not extended the studies to the end of the continuum - suicide. These studies also began with a known problem rather than beginning with children seen to be "normal."

Recent studies have studied the differences between adolescents who demonstrate suicidal

tendencies and those that don't at the time of the suicide or attempt. Orbach, Rosenheim, & Hary (1987) found the suicidal adolescents to be less flexible when faced with stress, and in a later study (Orbach, Bar-Yosef, & Dorr, 1987) found they were unable to develop effective problem solving strategies. This finding of an inflexible cognitive approach to handling stress leads to more drastic methods of response. At one level, this reaction fits well into the normal adolescent characteristic of personal fable that David Elkind (1984) discusses. Problems occur when the majority of responses fall into this approach

The suicidal youth has the additional disadvantage of having personality traits, that may be biologically based, that increase the strength of the "fable." One example is the possible oversensitivity of adolescents with suicidal tendencies, combined with a low threshold for frustration (Hussain & VanDiver, 1984). These traits would lead some adolescents to react to minor frustration as if it were a major catastrophe with no possible solution. Adolescents would be likely to use an extreme response, one of which might be suicide if they are using an inflexible cognitive strategy. Identifying these traits is important. It is also important to discover at what point in a child's development normal responses to stress become maladaptive so that adults will be able to intervene early in the development of the child's ability to cope effectively with their environment. This is simply another verification of the need to develop a preventative program beginning in elementary school continuing through high school.

The phenomenological model includes all aspects of individuals' lives as being important in developing an attitude toward life. The present study was designed to examine the family interaction and personality factors of adolescents who completed suicide when the adolescent was in preschool, elementary, junior high, and high school and older. The importance of family interactions and early experiences has been recognized for many years. Stanley and Barter (1970) reported twenty years ago that 90% of their sample had experienced a loss before the age of 12, and Maris (1981) pointed out that suicidal adolescents' families often had multiple

problems. With the increasing difficulties of society today these findings are crucial to recognize and respond to if adolescent suicide is to be reduced. It is clear that the long term pressures add up, and affect children strongly. It is important that we identify the traits and coping strategies that suicidal youth use throughout life and to encourage more effective ones in early life.

With much of the stress and pressure appearing to occur in the family, it is imperative that schools begin to involve families in positive ways throughout the child's life. This is not an easy task. Professionals must first learn what behaviors may be the precursors to later problems and encourage teachers and parents to help young children be aware of maladaptive behaviors and coping strategies and to also develop and teach strategies that would be appropriate .

The case study approach in the present investigation includes factors concerning the family, social, environmental, and personality interactions. Besides the fact that the adolescent is no longer living to provide firsthand information, the use of parents provides the opportunity to understand what behaviors and personality traits are recognized and identified by adults. If the adult does not recognize the true feelings and thoughts of children they will not react to them. Instead they respond to what they perceive. Identifying what behaviors the adults do see children demonstrating is the only way we have to begin to develop ways to alert adults to what behaviors to watch for in young children. Once adults are aware, for example, that physical reaction to frustration, or an inability to talk about frustration, are coping strategies often seen during early childhood by children who are unable to cope during adolescence will allow adults to intervene early. Positive plans can then be developed to help normal healthy children develop coping mechanisms which, will encourage them to remain healthy and happy during the rest of their lives.

This research is still in the early stages so the findings presented are not complete.

Family perceptions about, and examples of, the child's behavior at different ages are being collected through personal interviews and written questionnaires. The subjects were randomly chosen from the 51 participants in the larger study who indicated a willingness to participate in an in-depth investigation.

Research has shown that family interaction is important in the child's ability to develop coping strategies. Looking at the families in our case study group, we found that 4 of the 7 children had parents who separated and/or divorced during their lives. Three of the separations occurred during the first 10 years of life and one occurred less then a year before the child's death at age 16. Only the last child seemed to indicate by direct behavior change that this was a precipitating event, although the other family disruptions affected the climate within the family systems. Perhaps an even more interesting finding related to the 3 children who did not experience actual family disruption as well as the child whose parents separated when he was 16. These children did not have much interaction with their fathers at any time during their lives, and all of them were seen by their mother as dependent on her as the basis for emotional support. An example from David's experience was that when told by the middle school principal that he was going to contact his parents, David said to call his mother rather than his father. This child seemed to expect his father to be distant. A statement made by David's sister (three years younger) when she was 14 that she could not remember a single thing she had even done with her father as father-daughter, is further indication that this was a usual pattern of interaction for this family. Robert, at age 18 was still confiding in his mother, sister, and/or girlfriend rather than his father. What was dominate in all of the experiences of the 7 children, related by the mother, was that the father was noticeably absent in all areas of their lives from preschool until their death, even when physically present. This is an area that will be investigated further by having the father respond to questionnaires as well as the mother.

Social areas have just begun to be examined. Preliminary findings indicate that only

two of the adolescents were reported to have had many friends as they were growing up. The others were described as being loners, or were described as having problems such as poor health as explanations for the child not being involved with peers. The parents did not note the lack of peer interactions as a major problem. This is an interesting point when peer relationships are noted by junior high and high school age adolescents as the most important aspects of their lives.

All of the mothers saw their relationship with their child during the early years as positive and continued as positive throughout the childs life. . Little mention was made of the fathers, and no fathers have answered the preliminary questions. Fathers input will be sought in future contact with the families.

Two areas of personality, sensitivity and perfectionism, have been examined to this point. It has been believed that suicidal adolescents are more sensitive than non suicidal adolescents, but to this time little investigation has been done to verify this belief. The larger study from which this investigation is based (Wolfle & Siehl, 1991) found significant differences between the sample and the control in how parents and other adults rated the adolescents' sensitivity. By junior high age the suicide sample was approaching significant levels ($p<.1$) and by high school and older ages were seen as significantly more sensitive ($p<.05$) than the control. Closer examination of the data revealed that children who suicided during adolescence were seen by parents as being more sensitive than the control group during preschool, and became more so at each older stage. At the same time control adolescents were viewed as becoming less sensitive as they became older. All of the adolescents in our case study were seen by parents as being more sensitive than other children. Robert, for example, openly showed his sensitive side when interacting with his mother and sister, but tried hard to hide this trait from his peers. David was viewed by his peers as the one to talk to about problems because he was able to transmit his caring. This trait seemed to be evident from an early age.

When David was eight, his mother described an incident in which he asked her to put his awards he had won in a swimming meet in her purse so that his brother, who was 9 and not a very good swimmer, wouldn't feel bad. At 16, Trina was extremely upset over the death of a close family elderly friend who had died of a heart attack. Her extreme sensitivity and emotional caring seemed to be a precipitating event for her.

Another trait seen in these adolescents by parents throughout their lives was that of perfectionism. John was described by his mother as being afraid of failing. From an early age he missed much school as a result of illness. As a result the only activity he took part in was scouts until the 6th grade. This child was reinforced in his drive not to make mistakes in that his mother did not see that he had any problems. When asked how he dealt with things that went wrong she stated that not much went wrong. Another indication of John's desire to be perfect was that from junior high on he did not want his mother to attend any event he took part in. John solved the problem of failing by not trying in the first place. He was seen by mother as being good in school, but he missed a lot. By being ill he did not have to go to school regularly enough to do poorly on his own. He had an excuse that his mother bought into. When the doctor reported that there was nothing wrong with him, mother responded with disbelief.

David also had the need to be perfect. He did not try to walk until he was 16 months old, and then got up and ran. The same trend occurred when he learned to ride a two wheeler. He refused to try until he was old enough (8) and strong enough to be proficient on his first try. Teachers reported to his mother that he would get very frustrated with himself if he didn't understand something the first time he tried. Several elementary teachers stated that they had learned to give him some breathing time before trying to help him.

Robert was described as being sensitive, a perfectionist, and often inflexible. As a young child he was very concerned about hurting others, and he would often stand up for his friends, even when it would get him into trouble. He definitely did not like to lose and seemed to become

more impulsive in his attempt not to fail. Several of the children demonstrated the trait of standing up for others regardless of the consequences. John was beaten up and made fun of at 10 because he verbally stood up for a black child at recess and David would verbally and physically defend what he felt was right in a variety of situations. In junior high he ended up with detention for defending the class against a substitute's refusal to let the students get additional work from their lockers, and then refused to go to the detention because he had not done anything wrong.

The characteristics of these adolescents will continue to be examined in increasing detail in order to expand the knowledge about the relationship of early experiences to later coping skills. Specific examples will be elicited from parents, including feedback from as many of the fathers as possible. This information will be translated into possible methods that adults can use as they interact with young children that will encourage them to develop coping strategies that will be effective as the frustrations, stress, and loses build up during adolescence.

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